



BUILDING A HEALTHY START
Professional Development for Caregivers of Infants and Toddlers

Module Three Training Guide: Protecting Infants and Toddlers in Early Childhood Settings from Disaster

Alabama Department of Public Health

**A Series of Six Best Practice Training Modules
Based on *Caring for Our Children:
National Health and Safety Performance Standards;
Guidelines for Early Care and Education Programs,
Third Edition***

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Project Overview

The *Building a Healthy Start: Professional Development for Caregivers of Infants and Toddlers* Project (the Project) is administered by the Alabama Department of Public Health (ADPH) and funded by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. The Project's purpose is to improve the quality of infant and toddler child care in Alabama by integrating nationally recognized health and safety standards into a professional development project. The Project is comprised of six best practice training modules for caregivers of infants and toddlers to be developed and released over a three-year period. *Protecting Infants and Toddlers in Early Childhood Settings from Disaster* is the third module in this series. The first and second modules, *Feeding Infants and Toddlers in Early Childhood Settings* and *Promoting Physical Activity for Infants and Toddlers in Early Childhood Settings*, were completed in 2014. The remaining modules will address environmental health, social emotional development, and child abuse and neglect prevention. The training modules are based on 28 standards from *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Third Edition (CFOC3).

Training module content was researched and written by an early childhood curriculum specialist with experience and expertise in health and safety consultation in early childhood settings and guided by the oversight of an expert work group under the leadership of the project director. Members of the work group include pediatricians, professional development leaders, child care health consultants, early care and education professionals, and leaders from Alabama's Office of Child Care Licensing and its Quality Rating and Improvement System, Alabama Quality STARS. Additional guidance and technical assistance was provided by Barbara U. Hamilton, M.A., the Early Childhood Comprehensive Systems federal grant officer for this Project.

The Project training modules are not intended to be a comprehensive curriculum for caring for infants and toddlers in early childhood settings. Each module addresses a specific issue and focuses on information specific to the care of infants and toddlers related to that issue. A developmental approach is integrated into each module because of its vital importance to optimal health outcomes during the first three years of life. The Project staff and work group members hope that these training modules enhance the knowledge and skills of the caregivers who participate and improve the quality of care that they provide to Alabama's youngest and most vulnerable citizens.

For additional copies of this training module, contact:

Dawn E. Ellis

Alabama Department of Public Health
Bureau of Family Health Services

The RSA Tower, Suite 1350, 201 Monroe Street
P.O. Box 303017, Montgomery, AL 36130-3017 334.206.2965
dawn.ellis@adph.state.al.us

Acknowledgements

Project Staff

Dawn Ellis, M.P.H., R.N.

Project Director

Alabama Department of Public Health
Building a Healthy Start Project

Charlotte Hendricks, Ph.D.

Curriculum Specialist

Healthy Childcare Consultants, Inc.
www.childhealthonline.org

Project Work Group

The Project wishes to credit the following work group members who contributed their expertise and time to the development of the training modules.

Tiffany Armstrong

Early Childhood Education Coordinator
Alabama Public Television

Elaine Miller, Ph.D.

Managing Director
Family Child Care Partnerships at Auburn University

Mary Blankson, M.D., M.P.H., F.A.A.P.

Child Care Health Consultant and Trainer
Pediatric Consultant, Healthy Child Care Alabama

Belinda Paul

Provider Services Manager
Child Care Resource Center

Maria Hernandez-Reif, Ph.D.

The University of Alabama
Department of Human Development and Family Studies

Betsy Prince, M.A.

Alabama Department of Rehabilitation Services
Alabama's Early Intervention System

Jeanetta Green, M.P.A.

Alabama Department of Human Resources
Child Care Services Division (QRIS)

Robbie Roberts, Ph.D.

Executive Director
The Harris Early Learning Center

Karen Landers, M.D., F.A.A.P.

Alabama Department of Public Health
Pediatric Consultant

Jeanne Sellers, M.S.

Early Care and Education Services
Family Guidance Center of Alabama

Pamela Laning

Alabama Department of Children's Affairs
Head Start State Collaboration Office

Myra Shaw, M.Ed.

Director of Programs
Childcare Resources

Linda Lee, A.P.R.

Executive Director
Alabama Chapter-American Academy of Pediatrics

Trellis Smith, Ph.D.

Alabama Department of Children's Affairs
First Class Pre-Kindergarten Program

Joanna Matusick

Program Specialist
Family Child Care Partnerships at Auburn University

Stacey Sorrell

Alabama Department of Human Resources
Child Care Services Division (Child Care Licensing)

Susan McKim, Ph.D.

Alabama Department of Children's Affairs
First Teacher Home Visiting Program

Joan Wright

Executive Director
Childcare Resources

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Instructions for Trainers

Target Training Population

This module is designed to train caregivers of infants and toddlers on protecting for infants and toddlers in early childhood settings from disaster. Content is appropriate for a variety of early childhood settings including center- and family-based child care, Early Head Start, Department of Defense community services programs, and teacher preparation programs.

Length of Training

The training module may be taught in one two-hour session or two one-hour sessions at the discretion of the trainer. The length of training is dependent on learning needs and the trainer's preferences regarding utilization of participant activities.

Module Description

The training presentation includes colorful slides to lead participants in discussion relevant to their specific settings and the infants and toddlers in their care. The module includes the following components:

- learning outcomes
- detailed outline of content
- PowerPoint presentation
- instructions for participant activities
- materials list for activities and visual aids
- pre- and post-test questions
- reproducible handouts
- reproducible evaluation forms

The module is packaged on a compact disc. Master copies of participant handouts are included so trainers can make the appropriate number of copies. Trainers are encouraged to select or develop additional handouts to meet the specific training needs of each target audience.

The training guide outline is numbered to match the slides. The PowerPoint slide presentation is protected to prevent printing of slides as handouts. Copies of the presentation slides may not be used as handouts.

Equipment

A laptop and projector are needed to project the PowerPoint slide presentation during the training session. A flipchart, chalkboard, or whiteboard may be used during class discussion.

Supplemental Materials

Supplemental materials will be needed by the trainer for participant activities and demonstration purposes to enhance training and facilitate learning. Existing supplies may be utilized or new items may be purchased. Recommended supplemental

materials include the following examples of supplies (see the handout “Recommended Items for Caregiver To-Go Bag” for a list of specific items):

- Backpack containing essential supply items
- Supplies for extended shelter
- Supplies to isolate room (i.e., shelter-in-place)

Compliance with National Standards

Information and recommendations presented in these training modules are current and in compliance with national standards and recommendations in effect at the time of publication. Information presented reflects best practice as presented in the following documents:

- American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education (2011). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs*, 3rd edition.
- Other national criteria or recommendations, as appropriate and relevant to the specific topic.

It is the responsibility of the trainer to review materials prior to presentation, and include any additional information that may be required by state and local regulations.

Training Information Disclaimer

Content is designed to provide information appropriate for early childhood teachers, caregivers, and families. Individual consultation by a child care health consultant or other health care professional may be required to address specific situations or needs. Training information related to illness or injury, medical services, or consumer products is **not** intended for diagnosis or treatment. Questions or situations related to individual children should be referred to an appropriate health care provider.

Instructions for Teaching the Module in Two Sessions

This module may be taught in one two-hour presentation or two one-hour presentations. If the trainer opts to teach the module in two sessions, the first session will consist of Part 1 Disaster Basics and Part 2 Evacuate. The second session will consist of Part 3 Shelter, Part 4 Lockdown, and Part 5 After a Disaster. If teaching the module in two sessions, the introductory slides (1- 8) and concluding slides (66 - 68) should be used at each presentation. The first and second learning objectives and the first five pre- and post-test questions pertain to Parts 1 and 2. The third and fourth learning objectives and last five pre- and post-test questions pertain to Parts 3, 4, and 5.

Training Content

1. Title Slide: Protecting Infants and Toddlers in Early Childhood Settings from Disaster.

The Alabama Department of Public Health received a grant from the Maternal and Child Health Bureau (#H25MC00238) to focus on the improvement of Alabama's infant/toddler child care quality by integrating nationally recognized health and safety standards into a professional development project. This project, *Building a Healthy Start*, will develop and deploy six best practice training modules for caregivers of infants and toddlers over a three-year period. *Protecting Infants and Toddlers in Early Childhood Settings from Disaster* is the third module in this series. The first and second modules, *Feeding Infants and Toddlers in Early Childhood Settings* and *Promoting Physical Activity for Infants and Toddlers in Early Childhood Settings*, were completed in 2014. The remaining modules will address environmental health, social emotional development, and child abuse and neglect prevention. The training modules will incorporate 28 standards from *Caring for our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Third Edition (CFOC3).

2. Introduction

3. Learning Outcomes

At the end of this session, participants will be able to:

- List types of disaster situations that could affect their programs.
- Describe evacuation procedures, including ways to move infants and toddlers.
- Identify areas of safe shelter in a facility.
- Describe lockdown procedures.

4. Pre-Test

Please have participants complete the pre-test questions at this time.

5. Caring for Our Children

CFOC3 is the definitive source on best practice in health and safety in early care and education settings. These standards are evidence based, have expert consensus, and are nationally recognized as model standards for health and safety practices.

CFOC3 was developed through a collaborative partnership between the following organizations:

- American Academy of Pediatrics (AAP)
- American Public Health Association (APHA)

- National Resource Center for Health and Safety in Child Care and Early Education (NRC)

Visit www.nrckids.org to browse the CFOC3 standards. Content for this training session includes standards presented in Chapter 3, Health Promotion and Protection; Chapter 5, Facilities, Supplies, Equipment, and Environmental Health; and Chapter 9, Administration. Standards that are specifically addressed in this training are listed in Appendix A. Information from additional CFOC3 standards has been incorporated where appropriate.

6. Standards, Guidelines, and Regulations

Best practice in child care is based on standards, guidelines, and recommendations.

- **Standard:** A statement that defines a goal of practice. It is usually based on scientific or epidemiological data. A standard is set as the strongest criterion for best practice in a given area by an organization or association.
Examples:
 - CFOC3
 - ASTM International Standards for product safety, such as cribs
- **Guideline:** A statement of advice or instruction. A guideline originates from an organization with acknowledged standing.
Examples:
 - Choose My Plate campaign
 - Let's Move Child Care campaign
- **Regulation:** A standard or guideline that becomes a requirement for legal operation. A regulation originates in an agency with governmental or official authority and is accompanied by enforcement activity.
Examples:
 - Alabama Department of Human Resources (DHR) Licensing Standards
 - Head Start Program Performance Standards
 - U. S. Department of Agriculture (USDA) Child and Adult Care Food Program

NOTE: The content of this module is based on the best practice standards published in CFOC3. These standards may or may not have been adopted as regulations in Alabama. Caregivers should be familiar with state and local child care regulations and operate in compliance with such regulations.

7. Terminology

The following terms are used throughout this training session:

- **Disaster**—an occurrence that has resulted in property damage, deaths, and/or injuries to a community.
- **First Responder**—a firefighter, police officer, paramedic, or other professional who provides assistance on the scene of a disaster situation.

- Parent—a parent, guardian, or other family member who cares for the child.
- Caregiver—an adult who provides out-of-home care for children (e.g., child care).

NOTE: The term infant generally refers to a child aged birth to 12 months, although Alabama’s child care licensing standards consider infants to be children up to 18 months of age for child care ratios and required equipment. The term toddler generally refers to a child aged 12 months to 36 months.

8. Plan—Prepare—Practice

Every individual responsible for the care of children may at some point be considered a disaster service worker. All caregivers should be prepared to respond immediately and appropriately to disaster situations.

Every early childhood program should have a written disaster plan that addresses various situations that could occur in your community.

Practice your program’s response plans. Regularly conduct practice drills within your program for evacuation, sheltering, and lockdown. Record all practice drills, including community-wide practices in which your program participates.

9. Part 1: Disaster Basics

10. Defining Disaster

Disasters are low probability, but high consequence, events.

The possibility of disasters always exists. Disaster events may involve:

- Severe wind and tornados, winter storms, or flooding.
- Fire.
- Earthquake or explosion.
- Hazardous material and contaminants.
- Threat of violence.

A disaster event may be an incident that specifically affects your program, such as a kitchen fire or sinkhole. A disaster event may refer to a larger scale event, such as flash flooding or tornado damage.

Regardless of the situation, your immediate and appropriate response can help assure that all children and adults are safe.

In every situation, the goal is to remain calm and take appropriate action to keep both children and caregivers safe.

11. Risk Assessment

Ask participants: What is the greatest risk for a disaster event in your location?

The risk of a specific disaster event that affects an early childhood program may vary based on location. For example:

- Weather risk may be related to location, such as tornados (western Alabama), hurricanes (southern Alabama), winter conditions (northern Alabama), and flooding.
- Hazardous contaminant risk may be related to industry or nearby transportation systems, including railways, highways, and waterways.
- Explosion risk may be related to nearby military bases, power plants, pipelines, or industry.

When reviewing your disaster preparedness plan, review events that have occurred in your area in the past, and also consider events that may occur in the future.

12. Written Disaster Preparedness Plan

Every early childhood program, regardless of the size or setting, should have a written disaster preparedness plan specific to the program, the community, and the risk of disaster.

Every early childhood program is unique. Family child care providers may serve only a few children, while Head Start programs may serve over 2,000 children. A provider may enroll only infants and toddlers, or may include children aged birth through 5 years.

Small, privately-owned child care programs often have limited resources and disaster response options. Corporately owned or federally funded programs may have access to more resources for supplies and have a larger variety of options.

The number and responsibilities of staff members also varies, from a single family child care provider to a multi-staff program. Programs with larger numbers of staff may assign specific responsibilities to individual staff positions. However, the staff of a small provider must prioritize response activities, putting the children's safety and protection first.

Through this training, participants will explore components of a written disaster preparedness plan and consider practical ways to address these components within their respective programs.

13. Infant and Toddler Vulnerabilities

Infants and toddlers are more vulnerable to risks associated with disaster events.

Developmental:

- Infants and toddlers are completely dependent upon their caring adults to meet their needs.
- Communication skills are not fully developed, and they may be unable to communicate their needs.
- Toddlers do not recognize dangers and are unaware of consequences. In an event, they may run toward danger rather than away from it.

Anatomic:

- The body size and surface area of young children increases the risk of injury from exposure to heat, gasses, and other substances. For example, a 5" diameter burn on an adult is painful, but on an infant or toddler, it can lead to serious complications.
- When very young children are injured, specialized equipment and weight-based drug dosing is required for treatment. First responders (e.g., paramedics, fire fighters) generally have limited supplies of pediatric rescue equipment.

Physiologic:

- Nutritional requirements for very young children differ from requirements of older children and adults. They may need specific foods, such as human milk and formula, and specific food preparation to prevent choking.
- Very young children have rapid metabolism. They require frequent and small amounts of nutritious foods and water.
- This rapid metabolism also increases their risk of injury if exposed to gasses and toxins.

14. Be Prepared

Planning and preparation are essential to assure effective response to a disaster event. The following basic activities will each be covered in detail during this training:

- Identify the person-in-charge. Designate the responsibilities of the person-in-charge and of each staff member.
- Install and maintain an effective and reliable warning system for specific disaster events (e.g., fire, tornado, lockdown).
- Determine a way to protect infants and toddlers, including quickly moving them away from danger.
- Count heads continually. Know where each child is and who is responsible for each child at all times.
- Provide identification for each child to facilitate reunification with families.
- Select and maintain communication devices that will work in a variety of situations and locations. Establish a communication network between staff, first responders, and parents.
- Plan for different types of disasters and practice regularly.

- Partner with first responders and seek their input regarding your program’s written plan.
- Pre-pack essential supplies and have documents readily accessible.

15. Staff Responsibilities

The person-in-charge is typically the program director, family child care provider, or facility manager. If the designated person-in-charge is not available, the plan should indicate who is next in line to make decisions.

Multi-staff programs should identify three individuals, by name and by job title, for the role of person-in-charge.

Family child care providers may have only one or two staff members; therefore, the provider may designate a trusted individual outside the program as backup. It is recommended that the designated individual have a background check and clearance to work with children.

Typical responsibilities of the person-in-charge (or designee) are to:

- communicate with first responders and relay instructions to staff and parents.
- make decisions for further action, such as evacuation to an off-site location.
- determine if all children and staff are accounted for.
- delegate responsibilities to others.

The caregiver’s primary responsibility is to protect and care for children.

Other staff members may be assigned specific responsibilities, such as gathering documents or medications.

Ask participants: What is your role in a disaster event?

16. Warning Systems

Every early childhood program should have effective and reliable on-site warning systems that can be immediately activated. Examples include:

- Smoke and fire alarms.
- Carbon monoxide (CO) alarms.
- National Oceanic and Atmospheric Administration (NOAA) weather radio.

Additional warning systems may include community warning systems such as:

- Tornado sirens.
- Television and radio announcements.
- Text message and cell phone alerts.
- Specific warning and instruction from first responders.

Community warning systems do not substitute for effective on-site warning systems.

17. Warning Systems. . .

Quick action is necessary. Any person who observes a potential danger or threat should immediately activate the facility-wide alarm.

For example:

- If a smoke detector goes off in a nursery, the caregiver in that nursery should initiate a facility-wide evacuation.
- If a staff member observes an individual acting suspiciously, the staff member should immediately alert others and possibly initiate lockdown.

All warnings require immediate response. You may have only minutes, or seconds, to respond. Do not wait for someone to “check it out.”

Ask participants: What is your program's fire warning sound? What is your program's tornado warning?

18. Protection of Children

Infants and toddlers must always be under direct supervision of a responsible adult. Maintain appropriate child-to-staff ratios at all times, including during outside play, naptime, and other daily activities.

Caregivers are responsible for the children in their direct care at the time of the event.

For example, if a caregiver has taken a toddler out of the classroom (e.g., to visit the school nurse) and the fire alarm sounds, then that caregiver is responsible for taking that toddler out of the building to the outside meeting place.

19. Head Counts

- Every adult is responsible for the children in his or her direct care when the event occurs.
- Check the room—including cribs, bathrooms, closets, or other areas—for children who may be sleeping or hiding.
- Compare the number of children (i.e., head count) to the daily roster.
- Notify the person-in-charge if a child is missing. A “missing” child should be in the care of another adult. Know where children are at all times.
- Do not delay. Take care of the children in your immediate care. If a child is missing, you must still get the other children to safety.

20. Head Counts. . .

Conduct head counts continually throughout a disaster event.

Count heads and compare to the daily roster:

- When gathering to exit the room.
- As the building is being exited.
- At the outside meeting place.
- Before and after children are moved to other locations.

If a child is missing, immediately notify the person-in-charge or first responders (if you are the person-in-charge).

21. Identification.

In a disaster event (not a practice drill), every child should have identification.

As time permits, place program identification on each child, especially if evacuating children to an off-site location.

Do not include children's names on emergency identification.

Identification should include the program name, the city and state, and a phone number that will be answered, even if the facility is damaged. For example, a facility landline telephone will not be answered during an evacuation. However, some landline telephones can be accessed remotely to forward all calls to a different number, such as a cell phone.

The identification method must be easy to put on, secure, and safe for children. Do not use lanyards, necklaces, or pins.

Tyvek paper wristbands provide an inexpensive, safe, and secure means of identification. Be sure wristbands are small enough to securely fit infants and toddlers. Some local medical facilities will provide printed wristbands. Wristbands can be pre-printed with the child care program name and a phone number.

22. Communication Devices

Choose devices that will work effectively for your program.

Consider the following:

- Landline telephones and intercom systems may work within the facility.
- Cell phones or 2-way radios can be effective when outside, during transportation, and if evacuated off-site.

Ask participants: What communication devices are used in your program?

23. Communication Network

Clearly outline what communication should occur in a disaster event and who is responsible for initiating communication.

Examples of communication include the following:

- Connect with caregivers to account for all children and adults.
- Communicate with first responders.
- Notify parents and families.
- Contact community resources for assistance after an event.
- Communicate with media.

24. Planning and Regular Practice

The frequency of practice drills is based on the risk for the area and for the program.

For example:

- Practice fire drills monthly, with additional practice using a secondary evacuation route.
- Practice tornado drills monthly during tornado season.
- Lockdown should be discussed and practiced once or twice each year to familiarize staff with warning and procedures, and to assure that all doors and windows lock.
- Shelter-in-place drills may be recommended for programs near chemical plants, nuclear facilities, and other high-risk industries.

Conduct both scheduled and unannounced practice drills. Conduct practice drills at various times during the day, such as snack time or nap time.

Review and document all practice drills. Participate in community-wide practice drills when appropriate.

25. Partner with First Responders

The term “first responders” includes firefighters, law enforcement personnel, paramedics, and other professionals who provide assistance on the scene of a disaster situation.

Work with local first responders and public safety personnel to evaluate your program’s disaster preparedness plan.

- Provide information in advance, such as facility maps and keys. Invite first responders to walk through and review your facility.
- Be sure first responders know the approximate number and ages of enrolled children, and if any children have special needs.
- Notify local police and fire departments when scheduling practice drills.

26. Partner with First Responders...

Invite first responders to visit your program and meet both staff and children.

Infants and toddlers may be less fearful if they have seen firefighters and police in regular uniforms. Older toddlers may be interested in how first responders put on rescue gear, such as helmets.

27. Essential Supplies

Essential supplies are supplies and information necessary to care for children during a disaster event and possibly for several hours.

- Pack items in a “Caregiver To-Go Bag.” A lightweight backpack allows your hands to be free for other duties. Use the same color and style backpack for each classroom so it is easily recognized. Clearly identify bags with reflective tape, ribbon, or other labeling.
- Pre-pack as many essential items as possible.
- Ensure that bags are readily accessible to caregivers, but out of children’s reach.

Take essential supplies every time, including during practice drills.

Ask participants: What items are in your Caregiver To-Go Bag? Where is it stored?

Refer to handout “Recommended Items for Caregiver To-Go Bag.”

28. Essential Supplies. . .

Examples of items in the Caregiver To-Go Bags are:

- Daily attendance roster
- To-Go File with child information (see following slide)
- Communication device, such as a cell phone
- Flashlight, such as a small LED flashlight with fully charged batteries
- First aid supplies
- Identification bracelets or tags for children
- Plastic bags, such as trash bags and zipper-closure bags
- Bottled water

Caregiver To-Go Bags should also include items that meet the specific needs of the children in your care, such as:

- Diapers and wet wipes.
- Formula and bottles.
- Baby food.
- Crackers or other foods for toddlers.
- Prescribed emergency medications such as EpiPen Jr®.
- Supplies for children with special needs.

Participant Activity:

Lay out a variety of items and let participants choose what they think should go in the To-Go Bag for their nursery or classroom. Show different types of bags. Let participants see if all items fit and let them feel how heavy the packed bag is. You may extend this activity by asking participants to carry the packed bag and a 20-pound bag of potatoes “dressed” in children’s clothing!

29. Essential Supplies. . .

Each classroom and nursery should have a To-Go File with current information on each child. Include the following information:

- Daily attendance roster
- Parents' names and current contact information
- Names and contact information for people authorized to pick up children. Flag files that include names of people who must not have contact with children.
- List of allergies, medications, and other medical information.
- Authorization for medical care and transportation.
- Emergency phone numbers of local resources.
- Address, directions to, and phone number for the safe meeting place.

Store documents in a zipper closure bag or other waterproof container.

Store the file where it is quickly accessible but in a secure (confidential) location. Take the file during any disaster event, including practice drills.

30. Essential Supplies. . .

The Medication To-Go Bag includes the essential medications that must be available for children during a disaster event.

- Include prescribed emergency medications, such as EpiPen Jr® and inhalers. If these medications are normally stored in the nursery or classroom, then the teacher may carry these in the Caregiver To-Go Bag. These medications must be immediately available to children if needed, but must be securely out of children's reach.
- Place a bag near the cabinet and/or refrigerator where medications are stored. The authorized person will carry essential medications in the Medication To-Go Bag. Choose a bag that can be securely closed and locked, if necessary. Also, the bag should be insulated for refrigerated medications.
- The Medication To-Go Bag must remain in control of the authorized person. Follow state licensing guidelines regarding medications. Keep all medications secure and out of children's reach.

31. Part 2: Evacuate

32. Evacuate

If it is unsafe to remain in the facility, evacuation is necessary. Fire, gas leakage, a bomb threat, explosion, and indoor contaminate (e.g., carbon monoxide) require immediate evacuation.

Act quickly. For example, you may have less than four (4) minutes to safely evacuate a facility after a smoke detector sounds.

- Gather children—count heads.
- Exit the building using practiced route—count heads.
- Go to the designated outside meeting place—count heads. Wait for further instruction.

33. Moving Infants and Toddlers

Evacuation cribs and strollers can be used to quickly and safely move infants, toddlers, and children with special needs.

Evacuation cribs are designed to carry up to five infants or toddlers. Cribs must be compliant with Consumer Product Safety Commission (CPSC) standards. Evacuation cribs can also be used for sleeping purposes.

Strollers or wagons with high sides may be used to move toddlers.

The evacuation crib, stroller, or wagon should be easily moveable and fit through designated fire exits.

Ask participants: How can you move children in your program?

34. Evacuation Routes

- Hallways and exit routes must be clear at all times. Do not store toys, boxes, or outside equipment in hallways or near exits.
- Exit doors must easily open for evacuation. If exit doors have locks, install crash bars (e.g., panic bars) to prevent entry but allow exit.
- Evacuation routes and exit doors should be clearly marked and have emergency lighting.
- Evacuation routes and exit doors must be accessible with ramps for evacuation cribs, strollers, wheelchairs, and wagons.

Do not use elevators during a disaster event.

- Elevators may become inoperable, trapping people inside.
- In an earthquake or explosion, elevators may suddenly drop to the ground.
- Elevator shafts can become a tunnel for deadly fire, heat, and smoke.

35. Two Ways Out

Every nursery and classroom should have two evacuation routes.

The primary evacuation route is to the closest exterior door.

- Exits should be clearly marked.

- Exit doors must be unlocked. Crash bars can be used to prevent entry but allow exit.

The secondary evacuation route may be a window that opens directly outside.

- The window must open wide enough for children and adults to easily pass through.
- The window must be easy for an adult to open. It must not be painted or nailed shut, or have burglar bars.

Clearly post primary and secondary exit routes on a facility map.

36. Fire Emergency Evacuation Map

This illustration shows a sample evacuation map for a small center facility.

When creating maps for escape routes and routes to shelters, be consistent in the color coding. Always use the same color for the primary route (e.g., red), and the same color for the alternate route (e.g., green).

37. Fire Emergency Evacuation Map ...

This illustration shows a sample evacuation map for a family child care provider home.

38. Outside Meeting Place

Designate an outside meeting place for each group of children. Always go to the meeting place when practicing evacuation. Familiarity with this meeting place will help children remain calm and allow the caregiver to count heads more easily.

Choose a meeting place that:

- Is far enough from the facility to avoid immediate danger from fire and possible explosion.
- Is away from traffic and where emergency vehicles will park.
- Can be exited for off-site evacuation if necessary.

At the meeting place, count heads and notify the person-in-charge if a child is missing.

Ask participants: Where is your meeting place?

39. Bomb Threat

Threat of bomb or other destructive action may be delivered by telephone, cell phone, text, email, website, social media, or other communication. The initial response is evacuation.

Every situation is unique. If a bomb threat is received:

- Contact 9-1-1.

- Evacuate using the planned evacuation route (i.e., fire exit).
- Be alert for any suspicious package or object. If an unknown or suspicious object is seen, use a secondary evacuation route. Avoid the area of the object/individual.
- Do not use a cell phone, 2-way radio, fire alarm, or other electronic device.
- Go to the designated outside meeting place—count heads. Wait for further instruction.

If the threat is phoned in, try to obtain additional information.

40. Suspicious Object or Package

If a suspicious package or object is observed, the initial response is evacuation, as directed by the person-in-charge.

- Move children away from the area. Immediately report the sighting to the person-in-charge.
- Do NOT use a cell phone, 2-way radio, or other electronic device which might trigger an explosion.
- Evaluate the situation. If the package or object is not recognized (e.g., a storage box or expected delivery), call 9-1-1.
- Begin controlled evacuation. Use an exit route to avoid the object. Be alert for additional suspicious packages or objects.
- Go to the designated outside meeting place—count heads. Wait for further instruction

41. Plan an Off-Site Location

It may be necessary to evacuate children to a safe shelter away from the early childhood program campus. A safe shelter may be within walking distance or may be several miles away.

The safe shelter often is a school, church, library, or other public facility.

- Establish a written agreement with the safe shelter site.
- Ensure that the facility is accessible during the early childhood program's hours of service.
- Ensure that the facility can meet the basic needs of children, including water and toilet facilities. If necessary, arrange to store essential supplies at the site.
- Plan how to transport children to the shelter.

42. Part 3: Shelter

If teaching all the material in one training session, a break may be taken here.

43. Weather Alerts

Tornados and severe wind events can bring winds that reach 300 miles per hour. They can strike with little or no warning, and may cause injury and loss of life in minutes.

A watch means weather conditions are right for a possible tornado or severe weather (e.g., wind, hail). Stay indoors and prepare to take safe shelter. Gather the supplies you may need, such as blankets to protect children from debris and your Caregiver To-Go Bag.

A warning means a tornado or weather event has been sighted or detected, and is in the area. Immediately take children to the designated safe shelter.

Have a NOAA weather radio programmed for alerts in the local area. Place the NOAA weather radio where it will be heard by a staff member.

In addition, sign up for text or cell phone alerts initiated by emergency management agencies, television and radio stations, and other community organizations.

44. Take Shelter

Act quickly in a tornado or severe weather warning situation.

- Gather children—count heads.
- Go to the closest tornado shelter—count heads.
- Cover infants and young toddlers. Have older toddlers assume the tornado-safety position.
- Remain in shelter until “all clear.”

45. Identify the Safest Area

Put sturdy walls between children and the outside.

- Choose an area on the lowest floor, without windows, and away from external doors.
- Choose an area that is accessible and large enough to accommodate adults and children.
- Bolt shelving to walls. Remove glass and other items that could fall or become projectiles.
- Clearly mark the area with “Tornado Shelter” signs.

46. Identify the Safest Area. . .

This illustration shows the safest area within a room—the restroom.

47. Identify the Safest Area. . .

This illustration shows the route to the closest Tornado Shelter in a small center facility.

When creating maps for escape routes and routes to shelters, be consistent in the color coding. Always use the same color for tornado escape route and the tornado safe area (e.g., blue).

48. Identify the Safest Area. . .

This illustration shows the route to the closest Tornado Shelter in a family child care home.

49. Tornado-Safety Position

- Place infants and young toddlers as low to the floor as possible. This positioning may require holding and covering the child with your body.
- Have older toddlers in the “tornado-safety” position. They should sit or kneel facing the wall, with hands over the back of their head and neck, and tuck into a ball.
- If possible, cover children with blankets to protect them from debris.

50. Drop, Cover, and Hold On: Earthquake or Explosion

An earthquake or explosion may cause shaking and destruction. The initial event may be followed by subsequent shaking or explosions causing further destruction.

Immediately take action at the moment of a loud, explosive noise. The phrase to remember is “drop, cover, and hold on.” Caregivers and children should:

- Drop to the floor.
- If possible, take cover under a table or other piece of sturdy furniture.
- Hold on to the legs of the furniture.

If outside, drop to the ground. Try to get away from electrical lines, trees, and other objects that can fall.

51. After an Earthquake or Explosion

Be alert for aftershocks or additional explosions.

If you are inside when the event occurs:

- Communicate—listen for instructions.
- Evacuate safely, if appropriate.

If you are outside when the event occurs:

- If you are able to return to the building, be careful. Items on shelves and in cabinets may have shifted and could fall.

52. Shelter-in-Place

Environmental contamination outside the building may require shelter-in-place until children can be safely evacuated. Shelter-in-place means to gather in an area of the facility that can be isolated and protected from contamination.

Wait for instructions to safely evacuate. First responders will make every attempt to control the contaminant and evacuate to safety. Shelter-in-place is usually short term (e.g., about an hour).

Select an interior room on the highest floor, with no or few windows, and preferably with access to toilet facilities.

Store essential supplies in the room, including:

- Plastic sheeting and tape to seal the room. Pre-cut plastic sheeting and label it for each window, door, and vent.
- Water, food, and blankets.
- Toileting supplies (diapers, potty chair, trash bags).

53. Shelter-in-Place ...

Seal the room to prevent contamination.

- Cover doors, windows, and vents with plastic.
- If possible, turn off heat, cooling, and ventilation. Cover vents.
- Wait for further instructions from the local emergency management agency or other authority.

54. Extended Shelter

Situations such as flooding, winter weather, transportation system failure, and power failure may require extended shelter for children, staff members, and other adults. Parents may be unable to get to the program's facility; and parents who do reach the facility may be unable to safely leave with their children.

- Early childhood programs should have sufficient supplies to care for children for at least 24 hours.
- Follow a "normal" routine, including time for play, meals, and sleep. Care for children in their regular nurseries or classrooms if possible. Children may move to different areas of the facility for activities such as eating, sleeping, and playing.
- Discuss the situation with children in an appropriate manner. Assure children that their parents and families are safe and will get them as soon as possible.
- Maintain a secure environment. Count heads frequently, especially when changing areas within the facility. Supervise children at all times.
- Communicate with emergency personnel. Be prepared to transport children to an off-site location, if necessary.
- Provide regular updates with families; assure them that children are receiving quality care.
- Follow established procedures to reunite children with their families. Check identification and authorization before releasing children.

55. Part 4: Lockdown

56. Lockdown

A lockdown helps prevent access to children and adults if there is a threat of violence.

- A threat may be outside the facility, such as gunfire in the community.
- The threat may be inside the facility, such as an individual under the influence or acting suspiciously.

Use the fastest and most effective warning to initiate lockdown, such as announcing “Lockdown” over an intercom system.

57. Lockdown ...

When lockdown is initiated, immediately secure your area to prevent access and to protect children.

- Lock doors.
- Close, lock, and cover windows.
- Turn off lights.
- Gather children in the safest area of the room, preferably away from doors and windows or other places where they could be seen. Count heads.
- Keep children quiet and calm.
- Wait for further instruction.

58. Lockdown ...

Ask participants: Where is the safest area in your classroom or nursery?

In this illustration, the safest area in which to protect the children is near the restroom or in the restroom.

59. Active Shooter

The goal of an active shooter is to kill people. Active shooter situations are generally spontaneous “killing sprees” ending within 10-15 minutes. Active shooters may also involve explosives and booby traps.

There are three responses:

- Get away. If possible, avoid the shooter.
- Hide. Lock doors, stay out of sight, and keep quiet.
- Fight for your life. Be aggressive!

60. Active Shooter...

It may be impossible to safely get away with infants and toddlers. Hiding (e.g., lockdown) may be the only immediate option.

- Lock doors. Barricade doors with furniture.

- Close, lock, and cover windows.
- Turn off lights.
- Gather children in the safest area of the room, away from doors and windows.
- Keep children quiet. Hide children if possible.
- Turn off sources of noise (e.g., cell phone ringers).

Be prepared to fight! Yell loudly, throw things, and improvise weapons. Go for the eyes, throat, or groin of the shooter. Be aggressive!

61. Part 5: After a Disaster

62. Reunite Children and Families

The role of the caregiver is not finished when the disaster ends. Children must be reunited with their families.

- Maintain a safe and secure environment.
- Continually count heads; know who is responsible for each child.
- Follow established procedures when signing out children.
- Release children only to authorized individuals.
- Check photo identification, even if you recognize the person.
- Check identification of each child.

63. Children's Reactions

Children's reactions to a disaster event are individual; the severity of reactions may depend on their experiences during and after the event.

Infants and toddlers may be irritable, cry more than usual, and want to be held and cuddled. They may seem to startle easily, act withdrawn, or fear separation from the parent or primary caregiver.

Toddlers may revert to earlier behaviors, such as thumb sucking or bedwetting. They may demand attention through positive or negative behaviors.

64. Help Children Cope

Children may need help in learning to cope with what has happened.

- Be calm, reassuring, and patient.
- Encourage dialog and acknowledge feelings.
- Answer questions appropriately.
- Maintain daily routines and familiar activities.
- Focus on positive actions to rebuild and recover.
- Take care of your own needs.

65. Plan—Prepare—Practice

Every individual responsible for the care of children may at some point be considered a disaster service worker. All caregivers should be prepared to respond immediately and appropriately to disaster situations.

Every early childhood program should have a written disaster plan that addresses various situations that could occur in your community.

Practice your program's response plans. Regularly conduct practice drills within your program for evacuation, sheltering, and lockdown. Record all practice drills, including community-wide practices in which your program participates.

Refer to handout "Disaster Preparedness Resources."

66. Conclusion

67. Post-Test and Evaluation

Please have participants complete the post-test questions and training evaluation at this time.

Explain that the training module team may follow up with some participants in 2-3 months to see how they used this information.

68. Thank You

Thank the attendees for their participation in the training session.

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Appendix A

Specific CFOC3 Standards Used in the Development of Module 3

1. Standard 3.4.3.1: Emergency Procedures

When an immediate emergency medical response is required, the following emergency procedures should be utilized:

- a. First aid should be employed and an emergency medical response team should be called such as 9-1-1 and/or the poison center if a poison emergency (1-800-222-1222);
- b. The program should implement a plan for emergency transportation to a local emergency medical facility;
- c. The parent/guardian or parent/guardian's emergency contact person should be called as soon as practical.

A staff member should accompany the child to the hospital and will stay with the child until the parent/guardian or emergency contact person arrives. Child to staff ratio must be maintained, so staff may need to be called in to maintain the required ratio.

Programs should develop contingency plans for emergencies or disaster situations when it may not be possible or feasible to follow standard or previously agreed upon emergency procedures (see also Standard 9.2.4.3, Disaster Planning, Training, and Communication). Children with known medical conditions that might involve emergent care require a Care Plan created by the child's primary care provider. All staff need to be trained to manage an emergency until emergency medical care becomes available.

2. Standard 5.2.5.1: Smoke Detection Systems and Smoke Alarms

In centers with new installations, a smoke detection system (such as hard-wired system detectors with battery back-up system and control panel) or monitored wireless battery operated detectors that automatically signal an alarm through a central control panel when the battery is low or when the detector is triggered by a hazardous condition should be installed with placement of the smoke detectors in the following areas:

- a. Each story in front of doors to the stairway;
- b. Corridors of all floors;
- c. Lounges and recreation areas;
- d. Sleeping rooms.

In large and small family child care homes, smoke alarms that receive their operating power from the building electrical system or are of the wireless signal-monitored-alarm system type should be installed. Battery-operated smoke alarms should be permitted provided that the facility demonstrates to the fire inspector that testing, maintenance,

and battery replacement programs ensure reliability of power to the smoke alarms and signaling of a monitored alarm when the battery is low and that retrofitting the facility to connect the smoke alarms to the electrical system would be costly and difficult to achieve.

Facilities with smoke alarms that operate using power from the building electrical system should keep a supply of batteries and battery-operated detectors for use during power outages.

3. Standard 9.2.4.3: Disaster Planning, Training, and Communication

Facilities should consider how to prepare for and respond to emergency or natural disaster situations and develop written plans accordingly. All programs should have procedures in place to address natural disasters that are relevant to their location (such as earthquakes, tornados, tsunamis or flash floods, storms, and volcanoes) and all hazards/disasters that could occur in any location including acts of violence, bioterrorism/terrorism, exposure to hazardous agents, facility damage, fire, missing child, power outage, and other situations that may require evacuation, lock-down, or shelter-in-place.

Written Emergency/Disaster Plan:

Facilities should develop and implement a written plan that describes the practices and procedures they use to prepare for and respond to emergency or disaster situations. This Emergency/Disaster Plan should include:

- a. Information on disasters likely to occur in or near the facility, county, state, or region that require advance preparation and/or contingency planning;
- b. Plans (and a schedule) to conduct regularly scheduled practice drills within the facility and in collaboration with community or other exercises;
- c. Mechanisms for notifying and communicating with parents/guardians in various situations (e.g., Website postings; email notification; central telephone number, answering machine, or answering service messaging; telephone calls, use of telephone tree, or cellular phone texts; and/or posting of flyers at the facility and other community locations);
- d. Mechanisms for notifying and communicating with emergency management public officials;
- e. Information on crisis management (decision-making and practices) related to sheltering in place, relocating to another facility, evacuation procedures including how non-mobile children and adults will be evacuated, safe transportation of children including children with special health care needs, transporting necessary medical equipment obtaining emergency medical care, responding to an intruder, etc.;
- f. Identification of primary and secondary meeting places and plans for reunification of parents/guardians with their children;

- g. Details on collaborative planning with other groups and representatives (such as emergency management agencies, other child care facilities, schools, emergency personnel and first responders, pediatricians/health professionals, public health agencies, clinics, hospitals, and volunteer agencies including Red Cross and other known groups likely to provide shelter and related services);
- h. Continuity of operations planning, including backing up or retrieving health and other key records/files and managing financial issues such as paying employees and bills during the aftermath of the disaster;
- i. Contingency plans for various situations that address:
 - 1. Emergency contact information and procedures;
 - 2. How the facility will care for children and account for them, until the parent/guardian has accepted responsibility for their care;
 - 3. Acquiring, stockpiling, storing, and cycling to keep updated emergency food/water and supplies that might be needed to care for children and staff for up to one week if shelter-in-place is required and when removal to an alternate location is required;
 - 4. Administering medicine and implementing other instructions as described in individual special care plans;
 - 5. Procedures that might be implemented in the event of an outbreak, epidemic, or other infectious disease emergency (e.g., reviewing relevant immunization records, keeping symptom records, implementing tracking procedures and corrective actions, modifying exclusion and isolation guidelines, coordinating with schools, reporting or responding to notices about public health emergencies);
 - 6. Procedures for staff to follow in the event that they are on a field trip or are in the midst of transporting children when an emergency or disaster situation arises;
 - 7. Staff responsibilities and assignment of tasks (facilities should recognize that staff can and should be utilized to assist in facility preparedness and response efforts, however, they should not be hindered in addressing their own personal or family preparedness efforts, including evacuation).

Details in the Emergency/Disaster Plan should be reviewed and updated bi-annually and immediately after any relevant event to incorporate any best practices or lessons learned into the document.

Facilities should identify in advance which agency or agencies would be the primary contact for them regarding child care regulations, evacuation instructions, and other directives that might be communicated in various emergency or disaster situations.

Training:

Staff should receive training on emergency/disaster planning and response. Training should be provided by emergency management agencies, educators, child care health

consultants, health professionals, or emergency personnel qualified and experienced in disaster preparedness and response. The training should address:

- a. Why it is important for child care facilities to prepare for disasters and to have an Emergency/Disaster Plan;
- b. Different types of emergency and disaster situations and when and how they may occur;
 1. Natural Disasters;
 2. Terrorism (i.e., biological, chemical, radiological, nuclear);
 3. Outbreaks, epidemics, or other infectious disease emergencies;
- c. The special and unique needs of children, appropriate response to children's physical and emotional needs during and after the disaster, including information on consulting with pediatric disaster experts;
- d. Providing first aid, medications, and accessing emergency health care in situations where there are not enough available resources;
- e. Contingency planning including the ability to be flexible, to improvise, and to adapt to ever-changing situations;
- f. Developing personal and family preparedness plans;
- g. Supporting and communicating with families;
- h. Floor plan safety and layout;
- i. Location of emergency documents, supplies, medications, and equipment needed by children and staff with special health care needs;
- j. Typical community, county, and state emergency procedures (including information on state disaster and pandemic influenza plans, emergency operation centers, and incident command structure);
- k. Community resources for post-event support such as mental health consultants, safety consultants;
- l. Which individuals or agency representatives have the authority to close child care programs and schools and when and why this might occur;
- m. Insurance and liability issues;
- n. New advances in technology, communication efforts, and disaster preparedness strategies customized to meet children's needs.

Communicating with Parents/Guardians:

Facilities should share detailed information about facility disaster planning and preparedness with parents/guardians when they enroll their children in the program, including:

- a. Portions of the Emergency/Disaster Plan relevant to parents/guardians or the public;
- b. Procedures and instructions for what parents/guardians can expect if something happens at the facility;
- c. Description of how parents/guardians will receive information and updates during or after a potential emergency or disaster situation;

- d. Situations that might require parents/guardians to have a contingency plan regarding how their children will be cared for in the unlikely event of a facility closure.

Facilities should conduct an annual drill, test, or “practice use” of the communication options/mechanisms that are selected.

4. Standard 9.2.4.5: Emergency and Evacuation Drills/Exercises Policy

The facility should have a policy documenting that emergency drills/exercises should be regularly practiced for geographically appropriate natural disasters and human generated events such as:

- a. Fire, monthly;
- b. Tornadoes, on a monthly basis in tornado season;
- c. Floods, before the flood season;
- d. Earthquakes, every six months;
- e. Hurricanes, annually;
- f. Threatening person outside or inside the facility;
- g. Rabid animal;
- h. Toxic chemical spill;
- i. Nuclear event.

All drills/exercises should be recorded. Please see Standard 9.4.1.16: Evacuation and Shelter-in-Place Drill Record for more information.

A fire evacuation procedure should be approved and certified in writing by a fire inspector for centers, and by a local fire department representative for large and small family child care homes, during an annual on-site visit when an evacuation drill is observed and the facility is inspected for fire safety hazards.

Depending on the type of disaster, the emergency drill may be within the existing facility such as in the case of earthquakes or tornadoes where the drill might be moving to a certain location within the building (basements, away from windows, etc.) Evacuation drills/exercises should be practiced at various times of the day, including nap time, during varied activities and from all exits. Children should be accounted for during the practice.

The facility should time evacuation procedures. They should aim to evacuate all persons in the specific number of minutes recommended by the local fire department for the fire evacuation, or recommended by emergency response personnel.

Cribs designed to be used as evacuation cribs, can be used to evacuate infants, if rolling is possible on the evacuation route(s).